

REGISTRATION FORM
INFANT MENTAL HEALTH TRAINING

Dr. Penny Knapp

August 16, 2006

Name: _____

Title: _____

Agency: _____

Address: _____

City: _____

Daytime Phone: _____

Email: _____

Licensure Classification: _____

DEADLINE: August 11, 2006—No cancellations/refunds will be given after the deadline date.

Registration Fee: \$50.00 per participant (cash/check only) No credit cards accepted.

CEU's: A \$25.00 fee is required for MFT/LCSW CEU's payable to CSUSB at the door.

There is no charge for nurses and psychologists CEU's.

Checks made payable to "Children's Fund" for registration only:

Mail to: Children's Network
Attn: Tammy Williams
385 N. Arrowhead 2nd Floor
San Bernardino, CA 92415-0049